

Initial Application Date: _____

Application # _____

COUNTY OF HARNETT DEMOLITION APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Columbus Platt Mailing Address: 154 Crepe Myrtle Ln

City: Ferris State: NC Zip: 28339 Contact # 9108975529 Email: _____

APPLICANT*: Columbus Platt Mailing Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____ Contact # _____ Email: _____

*Please fill out applicant information if different than landowner.

CONTACT NAME APPLYING IN OFFICE: Rody Da Phone # 9197966128

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: .24

State Road # _____ State Road Name: _____ Map Book&Page: _____

Parcel: 07 05 89 0202 PIN: 0589-63-2098-000

Zoning: R200m Flood Zone: X Watershed: NA Deed Book&Page: 1438/460

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

Structure(s) to be demolished & removed: Single family dwelling _____ Manufactured Home Other (specify) _____

Structures (existing and/or proposed): Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

Water Supply: County Existing Well

Sewage Supply: Existing Septic Tank County Sewer

* If a new structure is to be replaced on this lot, please ensure that existing septic system is not damaged.

* If an existing well is on site and is to be discontinued, please contact Harnett County Environmental Health for assistance.

*Upon the issuance of the Certificate of Compliance, the Harnett County Tax Department shall be notified of the removal to ensure proper listing.

*The demolition contractor is responsible for submitting verification of proper disposal prior to the Final inspection.

****PLEASE NOTE**** Failure to completely demolish, remove, and clear the premises will result in the withholding of the Certificate of Compliance. Thus, future permits for the property will be denied, and fines may be imposed for failure to complete demolition/removal.

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted.

I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Rody Da
Signature of Owner or Owner's Agent

3/3/2020
Date

****This application expires 6 months from the initial date if no permits have been issued****